



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Rathmore House
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	15 January 2024
Centre ID:	OSV-0002037
Fieldwork ID:	MON-0040484

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Rathmore House is a designated centre operated by Enable Ireland Disability Services Limited. The designated centre is based in a rural setting outside a town in Co. Wicklow. The service provides holiday respite breaks for adults who reside in the CHO6 area, and who meet the assessed criteria. Breaks are facilitated for up to 6 nights in the week for a maximum of three adults per break; the size of the group depends on the person's needs, support/dependency levels, and staffing levels are allocated to reflect the support needs of service users. The centre is a two storey house which consists of six bedrooms, one of which includes an en-suite. Two of the bedrooms are used as offices. There is a large conservatory which is used for activities and dining. There is also a sitting room, kitchen, a large bathroom, and two smaller shower and toilet facilities. The centre is staffed by the person in charge, a staff nurse, a team leader, social care workers and health care assistants who are responsible for supporting the care needs of all residents throughout their break.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 15 January 2024	09:25hrs to 15:30hrs	Kieran McCullagh	Lead

## What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of this designated centre. The inspection was carried out to assess the ongoing compliance with the regulations and was facilitated by the person in charge.

The centre provided residential respite services for approximately 70 respite users at the time of inspection. There was a maximum of three respite users that could be accommodated in the centre, at any one time. On the day of inspection there were three respite users availing of the residential respite services.

The inspector had the opportunity to meet with one respite user who was brought to the service by a family member on the day of inspection. They appeared very happy with the centre and were known to staff. They told the inspector that they were very happy with the service and liked the staff. They said they liked the food in the centre, liked the environment, had choice over what bedroom they could stay in, and felt safe in the service. They spent time talking to the inspector about the different activities they did while using the service, which included; horse riding, shopping, going to the cinema, baking, arts and crafts and spending time in the garden.

Warm interactions between the respite user and staff members caring for them were observed throughout the duration of the inspection. There was an atmosphere of friendliness in the centre and staff were observed to interact with the respite user in a respectful and supportive manner.

The person in charge described the quality and safety of the service provided as being very good and personalised to the respite users' individual needs and wishes. They spoke about the high standard of care all respite users receive and had no concerns in relation to the wellbeing of any of the respite users who use the service.

The inspector spoke with staff members working in the centre throughout the course of the inspection. They said that they felt supported by the person in charge and were facilitated to access appropriate training. From speaking with staff it was evident that they were familiar with respite users' needs, wishes and personal preferences.

There was evidence that the respite users were consulted and communicated with, about decisions regarding the running of the centre. Weekly planning meetings were held at the beginning of every respite break with staff and respite users. This was an opportunity for respite users to decide how they would like to spend their week.

The person in charge accompanied the inspector on an observational walk around of the centre, which was found to be comfortable, homely and overall in good structural and decorative condition. Respite users had their own bedroom for the duration of their stay, which they chose upon arrival to the service. They also had

access to a kitchen, spacious conservatory and sitting room.

To the rear of the centre, was a well-maintained garden area, with sensory walkway and sensory pod, for respite users to use as they wished. The garden also contained a spacious poly tunnel, which was used by respite users to plant and grow their own vegetables. The service had a well-maintained guinea pig hutch and chicken coop, which provided the respite users with fresh eggs on a daily basis. The person in charge also spoke about plans to upgrade the kitchen and utility room. The upgrade works were due to be completed during a planned respite closure in April 2024.

To the front of the premises, there was space for parking the centre's transport vehicles. The inspector observed that the entrance and exit points were accessible and kept clear and uncluttered.

From what the inspector was told and observed during the inspection, it was clear that respite users received a good quality service. The service was operated through a human rights-based approach to care and support, and respite users were being supported to enjoy their respite stay in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the service and how these arrangements impacted on the quality and safety of the service being delivered to each respite user on their respite break.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The inspector observed that the care and support provided to the respite users was person-centred and the provider and person in charge were endeavouring to promote an inclusive environment where each of the respite user's needs and wishes were taken into account.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who were knowledgeable about the support needs of the respite users, and this was demonstrated through safe and good-quality care and support.

The registered provider had implemented management systems to monitor the quality and safety of service provided to respite users and the governance and management systems in place were found to operate to a good standard in this centre. A six-monthly unannounced visit of the centre had taken place in December

2023 to review the quality and safety of care and support provided. Subsequently, there was an action plan put in place to address any concerns regarding the standard of care and support provided. In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre for 2022. However, improvements were required in order to demonstrate that the respite user's families and representatives were consulted about the review.

There was a regular core staff team who were very knowledgeable regarding the respite user's needs and had a very good relationship with them. The staffing levels in place in the centre were found to adequately support the respite users during their break. The inspector viewed a sample of the recent rosters, and found that they showed the names of staff working in the centre during the day and night.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the respite users. A supervision schedule and supervision records of all staff were maintained in the designated centre. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development.

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to respite users including, guiding staff in delivering safe and appropriate care.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to respite users and their representatives to view.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for respite users in a prominent place in the centre. All respite users had the opportunity to complete feedback forms following their time in respite. This gave them the opportunity to give feedback on the care provided following their stay to the provider and staff.

## Regulation 15: Staffing

The inspector reviewed a sample of staff rosters on inspection and found that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of respite users.

There was a planned and actual roster maintained that reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

The inspector met with members of the staff team over the course of the day and found that they were familiar with the respite users and their likes, dislikes and

preferences.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to respite users.

Staff training logs showed that staff had completed training in relevant areas, such as fire safety, safeguarding and protection of respite users, managing behaviours of concern, epilepsy, assisted decision making and medication management.

The inspector found that staff were receiving regular supervision as appropriate to their role. Supervision records reviewed were in line with organisation policy and included a review of the staffs personal development and the provision to raise concerns.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The person in charge was suitably qualified and experienced. They had a comprehensive understanding of the service needs and had structures in place to support them in meeting their regulatory responsibilities.

Six-monthly unannounced visits had taken place in line with regulatory requirements and where actions were identified, they were tracked to ensure they were progressed in a timely manner.

An annual review of the quality and safety of care had been completed for 2022. However, there was no written evidence to document consultation with family members or respite user's representatives in the annual review. This required review by the provider.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place which met the requirements of Schedule 1, and clearly set out the services provided in the centre and the governance and staffing arrangements.

A copy of the statement of purpose was readily available to the inspector on the day of inspection. It was also available to respite users and their representatives.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure that was in an accessible and appropriate format which included access to an advocate when making a complaint or raising a concern.

In addition, there was easy-to-read information displayed in communal areas of the designated centre, a comments and suggestion box was located in the conservatory and copies of complaints forms were readily available to respite users.

The inspector reviewed the complaints log and found that complaints were being responded to and managed locally. The person in charge was aware of all complaints and they were followed up and resolved in a timely manner, as per the provider policy.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider had ensured policies and procedures on matters set out in Schedule 5 had been implemented. The inspector reviewed the policies during the course of this inspection. The provider ensured that policies and procedures had been reviewed at intervals not exceeding three years as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

Judgment: Compliant

## Quality and safety

The inspector found that the centre was reflective of the aims and objectives of the centre's statement of purpose. The respite service aims "to provide each respite user with a high standard holiday respite break, in a relaxed and supportive environment which values and supports their health, wellbeing and independence". The inspector found that this was a respite centre that ensured that respite users received the care and support they required but also had a meaningful person-centred service delivered to them.

The inspector completed a walk around of the centre with the person in charge. The centre was well-maintained internally and externally, comfortable, furnished and decorated in a homely style. There were three single occupancy bedrooms for respite users availing of the service, allowing them their own private space during their stay. The design and layout of the premises ensured that each respite user could enjoy their respite stay in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the respite users through-out their stay. Suitable arrangements were observed for the safe storage of respite users' personal belongings and there were adequate arrangements in place for respite users to launder their clothes during their stay in respite.

The inspector observed a good variety of food and drinks for respite users to choose from. Food was being stored in hygienic conditions and access to refreshments and snacks was provided for. The inspector also observed that as food items were opened, they were being labelled and dated by staff. Some respite users on the day of inspection had feeding, eating, drinking and swallowing (FEDS) needs. However, the inspector observed that respite users needs had not been assessed by a speech and language therapist and associated care plans had not been prepared.

The provider had arrangements in place to control the risk of fire in the designated centre. These included arrangements to detect, contain, extinguish and evacuate the premises should a fire occur. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. Respite users had personal emergency evacuation plans in place which identified a personal evacuation plan for day and night and all staff had fire training.

Respite user's needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. These also informed the development of personal plans. The plans viewed by the inspector were up-to-date and provided sufficient guidance for staff to effectively support respite users with their assessed needs. Respite users were supported to choose goals which were meaningful to them and on each respite stay their keyworkers supported them in progressing and achieving their goals.

Staff had completed training in positive behaviour support to support them in responding to behaviours of concern. Restrictive practices were logged and notified

accordingly, however, improvements were required to ensure the provider was following guidance set out in their policy. This is discussed further in the report.

Overall good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. The inspector found that appropriate policies and procedures were in place. These included safeguarding training for all staff, a safeguarding policy, the development of personal and intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

## Regulation 17: Premises

There was adequate private and communal accommodation with enough room for the number of respite users the service is registered for. To the rear of the centre, was a sensory garden area, poly tunnel, chicken coop and guinea pig hutch, all of which were very well-maintained and used by respite users during their stay.

There were arrangements for the upkeep and servicing of equipment used by respite users, such as electric beds and hoists. Since the last inspection, the provider had installed a sensory pod to the rear of the premises, which was found to be in good structural and decorative condition.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

Overall, the premises was found to be clean, bright, nicely furnished, comfortable, and appropriate to the needs and number of respite users using the service.

Judgment: Compliant

## Regulation 18: Food and nutrition

The person in charge had ensured that respite users were supported to buy, prepare and cook meals in the centre as they wished. Respite users were encouraged to eat a varied diet and were communicated with about their meals and their food preferences.

The inspector observed a good variety of food and drinks in the designated centre for respite users to choose from. They were encouraged to be involved in the preparation and cooking of their meals if they wished, for example, some liked to bake. Staff spoken with on the day of inspection were aware of the respite users' individual dietary needs.

Some respite users required modified and specialised diets. However, respite users'

needs had not been assessed by a speech and language therapist and associated care plans had not been prepared. Although there were no recorded incidents of choking and all staff had completed relevant training in this area, review was required by the provider to mitigate all associated risks.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The centre had appropriate and suitable fire management systems in place which included containment measures, fire and smoke detection systems, emergency lighting and firefighting equipment. These were all subject to regular checks and servicing with a fire specialist company and servicing records were maintained in the centre.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each respite user had their own individual evacuation plan to outline the supports they may require in evacuating.

Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the evacuation plans. Staff had completed fire safety training.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each respite user had a comprehensive assessment of needs and a personal plan in place. From the sample reviewed, assessments clearly identified their care and support needs. Assessments and plans were regularly reviewed and updated with any changes in need. These assessments were used to inform plans of care, and there were arrangements in place to carry out reviews of effectiveness.

Personal plans provided guidance on the support to be provided to respite users while staying in the centre. Information was available regarding respite users' interests, strengths, likes and dislikes, the important people in their lives, and daily support needs. Some respite users who required modified and specialised diets did not have associated care plans. This has been addressed under Regulation 18 - Food and nutrition.

Respite users also had the opportunity to set respite goals during their stay. These goals were recorded in their personal plans and included the actions required to achieve them.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. The inspector found that staff had been provided with specific training relating to behaviours that challenge that enabled them to provide care that reflected evidence-based practice.

There were some restrictive practices used in this centre and these were notified to the Chief Inspector of Social Services as per the regulations. However, there were no associated risk assessments in place for some restrictions and the provider was not following guidance set out in their policy. This required review by the provider.

Judgment: Substantially compliant

### Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard respite users from abuse. The systems were underpinned by comprehensive policies and procedures. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

There were no current safeguarding concerns. Previous concerns had been responded to and appropriately managed, for example, safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks.

Personal and intimate care plans had been developed to guide staff in supporting respite users in this area in a manner that respected their privacy and dignity.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Rathmore House OSV-0002037

Inspection ID: MON-0040484

Date of inspection: 15/01/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Consent will be obtained from respite users in line with ADM legislation before surveys are sent and consent/nonconsent will be recorded. Consultation will be sought from Family/Service Owner representatives, for those who consent.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Provision of a speech and language therapist to assess Service Owners will be arranged to ensure that modified and specialized diet &amp; associated care plans needs are appropriate to Food &amp; Nutrition Care Plan Needs. Recruitment is currently in place. Private provision will be obtained should recruitment prove unsuccessful.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive	

behavioural support:

A full Audit of Risk Assessments will be carried out by PIC & TL. Associated Risk assessments will be devised/reviewed as indicated. Added to February Team Meeting for discussion & planning with keyworkers/staff team.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.	Substantially Compliant	Yellow	30/09/2024
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/05/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used,	Substantially Compliant	Yellow	29/03/2024

	such procedures are applied in accordance with national policy and evidence based practice.			
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